

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29140

|  |                           |   |  |  |  |   |  |
|--|---------------------------|---|--|--|--|---|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. 317  |  | PRIMARY REG. DIST. NO. 6076  |  | Registrar's No. 2841  |  |
| 1. PLACE OF DEATH<br>a. COUNTY ST. LOUIS   |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY NEW MADRID |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS  |                           |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CANALOU 0720  |  |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL   |                           |   |  | d. STREET ADDRESS (If rural, give location) _____  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)  |                           | a. (First) ALBERT   |  | b. (Middle) D.   |  | c. (Last) PARKS   |  |
| 4. DATE OF DEATH   |                           | (Month) (Day) (Year)  |  | AUGUST 5, 1951   |  |   |  |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 8. DATE OF BIRTH<br>4-21-98  |  | 9. AGE (In years last birthday) 53  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL WORKER  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) EAST PRAIRIE, MISSOURI   |  | 12. CITIZEN OF WHAT COUNTRY? USA  |  |
| 13a. FATHER'S NAME<br>HENRY PARKS  |                           | 13b. MOTHER'S MAIDEN NAME<br>JENNIE HENSHAW   |  | 14. NAME OF HUSBAND OR WIFE<br>AGATHA PARKS  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES  |                           | 16. SOCIAL SECURITY NO. 495 22 2151   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>VA HOSPITAL RECORDS, VAH, JEFF. BRKS., MO.  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENO CARCINOMA, BRONCHUS.<br><br>ANTECEDENT CAUSES<br>DUE TO (b) - - - - -<br>DUE TO (c) - - - - - 162X<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. - - - - - |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from JUNE 6, 1951, to AUGUST 5, 1951, that I saw the deceased on _____, and that death occurred at 7:05 Am., from the causes and on the date stated above.                   |                           |   |  |  |  |   |  |
| 23a. SIGNATURE<br><i>[Signature]</i>   |                           | 23b. ADDRESS<br>M.D. VAH, JEFFERSON BARRACKS, MO.   |  | 23c. DATE SIGNED<br>8-5-51   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  |                           | 24b. DATE<br>Aug. 6, 1951   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>East Prairie, Missouri   |  | 24d. LOCATION (City, town, or county) (State)                                       |  |
| DATE REC'D BY LOCAL REG.<br>8-6-51   |                           | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Hoffmeister U. & L. Co.<br>7814 S. Broadway, St. Louis, Mo.                          |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

7814 1957

SEP 1 1957

AUG 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Lina C. Hoffmeister*

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.